Guidelines for Medications Administration

• Medications are not to be administered until the patient’s allergies are determined.
• Know the reason why the patient is receiving the medication, drug classification, contraindications, safe dose, side effects, & nursing considerations.
• Question any order that is not clear in meaning, not legible, questionable in dosage.

Guidelines, cont.

• Never permit a patient to carry medicine to another patient.
• Know the 5 Rights of medication administration.
• An error in medication must be reported immediately.
  —Refer to Medication Error Policy
Guidelines, cont.

• The nurse who prepares the medication, administers and charts it.
• Know and concentrate on what you are doing when preparing and administering medications.
• Give the medications at the time for which it is ordered (routine, urgent, STAT orders)
• Give medications only from clearly labeled containers.

Unit Dose Medications

PYXIS Medstation
• Always identify the patient (minimum of 2 identifiers) before giving the medication by asking the patient’s full name and checking the arm band for name & MRUN.
• Ask patient for ALLERGIES at the bedside.
• If the medication is refused, or cannot be administered, notify the instructor, staff nurse, and chart the reason.
• Never mix the liquid medications together.
• Record accurately and immediately after it was administered.
• Never record a medication as given before it was administered.
• Do not crush enteric coated tablets.
• Do not remove medicine from capsules.
• Fractional doses must be preceded by a zero.  
  – Ex. 0.2 mg.

• Be careful of two patients with the same name. Check patient medical record number.
• Never leave the medications at the bedside, however there are exceptions.
Medication Left at the Bedside

Requirements:
• There is an order.
• The medication is on the allowable list for the hospital.
• The patient is given appropriate instructions to take the medication.
• The nurse must chart that instructions were given to the patient.
• Medication is left in the original container.

Medications that may be allowed to be left at the patient’s bedside are:
• Nitroglycerine tablets
• Antacids
• Dermatological medications, e.g. ointments & lotions
• Contraceptives (oral)
• Eye drops
• Ear drops
• Inhaler
• Anesthetic aerosol spray (post partum unit)

JCAHO

• Patient Identifiers
• “High Alert” Medications
  — Ex. Methadone po (policy #910, 2013)
• “Read back” policy
• “Hand off” communication
• No “range order”
• Medication Reconciliation
Reminders

• 1st semester students are not to take any telephone or verbal orders.
• In County hospitals, research & investigational drugs are not given by student nurses.
• Any concern or confusion on medications, ask your clinical instructor.

Black Box Warning

• Medication that carries the risk of serious and life-threatening adverse effects.
• Strongest medication warning issued by the FDA.
• Meds: Lovenox, Duragesic patch, Haldol, Dilaudid injection, Toradol injection, Methadone, Morphine ER, Oxycontin, Advair, Coumadin, etc.

Physician’s Orders

• See handouts
• Be familiar with the significant components of Physician’s Orders.
Steps to Verify a Medication Order prior to Administration

- Chart – Physician’s Order
- Kardex
- MAR
  - Patient’s identifiers
  - Check allergies
  - Medications written as ordered by MD
  - Any parameters that need to be checked?
  - When was the last time PRN med was given?

Situations when Medications are Withheld

- NPO status
- Procedures, surgeries
- Patient’s parameters
- Patient’s unstable clinical condition
- Allergic/adverse reactions

Eye Drops Administration
Medication Safety

- Medication Safety is multidisciplinary and requires physicians, nurses, and pharmacists to work together to ensure legible orders, accurate transcription, and timely administration.
- Good communication, both oral and written, is the foundation of medication safety.